



## BOARD OF BEHAVIORAL SCIENCES

400 R STREET, SUITE 3150, SACRAMENTO, CA 95814

TELEPHONE: (916) 445-4933

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## RESPONSIBILITY STATEMENT FOR SUPERVISOR OF A MARRIAGE, FAMILY, AND CHILD COUNSELOR INTERN

*Title 16, California Code of Regulations Section 18333.1 requires any qualified licensed mental health professional who assumes responsibility for providing supervision to those working toward a Marriage, Family, and Child Counselor license to complete and sign, under penalty of perjury, the following statement. **THE SUPERVISOR SHALL PROVIDE ANY INTERN BEING SUPERVISED WITH THE ORIGINAL OF THIS SIGNED STATEMENT PRIOR TO THE COMMENCEMENT OF ANY COUNSELING OR SUPERVISION. THE INTERN SHALL FILE THIS STATEMENT WITH THE BOARD WITHIN 30 DAYS OF COMMENCING EMPLOYMENT.***

The following statement is for:

☐ MFCC Intern \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 Name: First Middle Last Intern Number File Number

- 1) I am licensed in California and have been so licensed for at least two years prior to commencing this supervision. The license I hold is:

Marriage, Family, and Child Counselor.....

Licensed Clinical Social Worker.....

Psychologist.....

Physician certified in psychiatry by the .....

American Board of Psychiatry and Neurology

[Business and Professions Code Section 4980.40(f)]

\_\_\_\_\_, \_\_\_\_\_  
 License # Issue Date

\_\_\_\_\_, \_\_\_\_\_  
 License # Issu e Date

\_\_\_\_\_, \_\_\_\_\_  
 License # Issue Date

\_\_\_\_\_, \_\_\_\_\_  
 License # Issue Date

\_\_\_\_\_  
 Date Board Certified

I have had sufficient experience, training, and education in marriage, family, and child counseling to competently practice marriage, family, and child counseling in California and I will keep myself informed about developments in marriage, family, and child counseling.

- 2) I have and will maintain a current license in good standing and will notify any intern under my supervision of any disciplinary action taken against my license, including suspension or probation, which affect my ability or right to supervise.
- 3) I have practiced psychotherapy for at least two years within the five (5) year period immediately preceding this supervision and I have averaged at least five (5) patient/client contact hours per week.
- 4) I have had sufficient experience, training, and education in the area of clinical supervision to competently supervise interns.
- 5) I know and understand the laws and regulations pertaining both to supervision of interns and also the experience required for licensure as a marriage, family, and child counselor.
- 6) I shall take reasonable steps to ensure that an intern properly assesses and examines the client or patient, implements an appropriate treatment plan, and is acting within the scope of the license of a marriage, family, and child counselor and within the scope of his or her competence.

I shall monitor the quality of counseling or psychotherapy performed by the intern by direct observation, audio or video recording, review of progress or process notes or records or by any other means that I deem appropriate. I shall inform the intern prior to the commencement of supervision of the methods by which I will monitor the quality of counseling or psychotherapy being performed.

- 7) I shall provide at least one hour of individual or two hours of group supervision, as the term "supervision" is defined in Title 16, California Code of Regulations Section 1833(b), in each week where any qualifying experience is gained by the intern. "Individual supervision" means a one-to-one ratio of supervisor to intern. "Group supervision" means a group of no more than eight persons is receiving supervision from one supervisor.
- 8) I agree not to provide supervision to an intern unless the intern is employed in one of the following work settings permitted by law; a) a governmental entity; b) a school, college, or university; c) a nonprofit and charitable corporation; d) a licensed health facility as defined by Health and Safety Code Sections 1250, 1250.2, and 1250.3; or e) a private practice as specified in law.
- 9) I shall give at least one week's written notice to any intern of my intent not to certify any further hours of experience for such person. If I have not provided such notice, I shall sign for hours of experience obtained in good faith where I actually provided the required supervision.

***I CERTIFY that I have read and understand the foregoing and that I meet and will comply with all the criteria stated therein.***

\_\_\_\_\_  
Printed Name of Qualified Supervisor

\_\_\_\_\_  
Signature of Qualified Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mailing Address: Number and Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Qualified Supervisor's Daytime Telephone Number: (      ) \_\_\_\_\_